

## MDPB Minutes May 22, 2003

Members present:, J. Burton, S. Diaz, K. Kendall, D. Stuchiner, P. Liebow, E. Smith, B. Callamore

MEMS Staff: J. Bradshaw

Regional Coordinators: J. LeBrun, Rick Petrie, Dan Paladino, Jeff Regis

Guests: T. Judge, Patrick Cote, John Levesque, Myra Broadway, Ginny deLorimia, Bill Belanger, Roy Woods, Beth Collamore, Stacy Jandreau, Glen Targouski, Jim McKenney, Carol Pillsbury, Daryl Bouche

Item	Discussion	Action	Follow-up
Previous minutes: 03/19/03	none	Adopted	None.
<b><u>Old Business</u></b>			
1. Legislative Update	Latest developments at the legislature were reviewed. There is a 20% reduction in operating budget, including loss of one position at Maine EMS. The EMS system study is still a possibility.	Bradshaw will keep group informed of developments.	None
2. Critical Care Ground Services	A number of representatives were present to discuss the proposed critical care ground transportation program. Representatives from the Board of Nursing were present to discuss areas of mutual understanding. There have been some changes to the proposal: -Proposal now a “mobile intensive care unit.” -Appedices deleted. -Pre-activation approval (med control) inserted. -Requirements for training at a trauma center or tertiary care center deleted. Discussion included the above changes as well as defining the sources of conflict/concern – approx 1.0 hours.	Three primary areas of concern were delineated: 1. Will the mobile ICU concept be extended to ground “scene” runs in the future? What language can be inserted into the program to insure that this does not occur. 2. What are the “critical” skills within the new scope of practice that are needed and simultaneously, attainable for training and maintenance of skills for both trauma center-attached as well as rural-attached critical care agenciens/training programs? 3. Once this program is adopted, will it become a standard of care base for interfacility transport either exposing current services/transport to increased liability or decreased levels	1. The program was withdrawn from a vote by Dr. Kendall (the primary representative of the proposal) in lieu of futher development of the critical questions. 2. Dr. Diaz offered to work with representatives from northern Maine, including Dr. Callamore, to review the skills in the enhanced practice by a “line by line” review. 3. There was some discussion regarding an operational move to allow Lifeflight to practice its extended

		<p>of reimbursement?</p> <p>The group voiced general support for the program concept and implementation providing that these elements were addressed appropriately.</p>	<p>scope for ground interfacility – this movement was deferred as it has previously been addressed and opposed by the MDPB as well as does not represent the entire interests of the current proposal. This element may be pursued again in the future.</p>
3. Airway program	<p>LMA integration was considered and approved as required equipment at the last meeting. Burton and Diaz will continue to update the proposal and integrate:</p> <ol style="list-style-type: none"> <li>1. Components/Protocols</li> <li>2. QI elements for the program</li> <li>3. Education elements for the program.</li> </ol>	<p>None.</p> <p>The timing of integration as a requirement is yet to be determined.</p>	<p>Future item for discussion.</p>
<p><b><u>New Business</u></b></p> <p>1. AHA 1<sup>st</sup> responder programs with drug administration.</p>	<p>There is a new component with epi-autoinjector assistance to patients through the AHA teaching course. The group reviewed the history and implications of this program.</p>	<p>None. Members should remain aware of these programs. There are currently no areas of perceived conflict – however, program teachers should proceed with an understanding of the current EMS rules and limitations to assisting patients with their own medications, such as Epi.</p>	<p>None.</p>
2. C Spine Applications: elderly and pediatric.	<p>The group discussed the dilemma of application of C spine protocols to the elderly and pediatric populations. Both have little evidence for support of any “evidence-based approach.” The elderly are increased risk of fracture, pediatrics are at decreased risk due to low incidence</p>	<p>No clear path resolves this issue – group decided Education was the best means of handling the lack of evidence and applications.</p>	<p>Burton will forward slides to Dan P and Steve Diaz.</p> <p>Steve Diaz will write an article for Maine EMS Journal.</p>

	of this injury, relative to adult counterparts.		
3. Autovents	Dr. Diaz would like to convene a list of stakeholders/decision makers at each hospital who participate in planning for stockpiling of ventilators – for weapons of mass destruction and mass casualty planning.	None.	Members requested to contact Dr. Diaz with a point-person in their institution.
4. DNR forms	Dr. Kendall raised the issue of definition of terminal/chronic illness in the DNR forms. There was discussion that this term currently is too restrictive in the program, as perceived by some providers/physicians.	The group discussed amended wording. Mr. McGinnis will be contacted.	Changes to the wording will be reviewed/proposed after review with Kevin McGinnis.
5. Spine QI	Dr. Burton raised the question of long-term plan for the Spine program – he has resources through this fall for continued data entry and attempts to match the data to the trauma database.	Discussion of QI for state and EMS database ensued. There may be a window for altering the state EMS run forms. The national EMS data registry is nearing completion for proposed data elements.	Dr. Burton will review the national EMS run report data elements and propose changes to the current report form to be implemented if possible given timing and resources/training needs.
6. Governor's Health Plan (Dirigo Health)	Dr Stuchiner discussed the proposed health plan with the group. MDPB members and others present discussed the perceived implications on the EMS system and the healthcare system at large.	A proposal was entertained to draft a position statement from the MDPB. This was debated – merits of the proposal as well as issues and perspectives to outline. The MDPB members agreed that any statement would not be drafted as a maine EMS position statement but could be represented as collective views of MDPB members or Regional Directors.	A draft proposal will be circulated for review and member inclusion and/or comments.

Next meeting 06/18/2003 (0930 - 1230)			
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